

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33580**  
**8346**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6704 Broadway</b>				d. STREET ADDRESS (If rural, give location) <b>21 2808 Lucas Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Clem</b>		a. (First) <b>W.</b>		c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-31-52</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		9. AGE (In years last birthday) <b>34</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>American Car Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Cartion</b>		14. NAME OF HUSBAND OR WIFE <b>Billie Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes WW #2</b>		16. SOCIAL SECURITY NO. <b>499*03*8028</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Billie Williams</b> ADDRESS <b>2808 Lucas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Massive subdural hemorrhage</b> <b>Contrib. lacerated wound of face &amp; neck</b> <b>superficial stab wound of back in room of home at 6704 a St. Broadway, about 6:30 pm August 31st, 1952</b> 2. OTHER SIGNIFICANT CONDITIONS <b>31st, 1952</b> <b>Homicide</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E981X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:38 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Edgar Hoover</b> (Degree or title) _____				23b. ADDRESS <b>301 Clark</b>		23c. DATE SIGNED <b>9/1/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>9-5-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks</b>	
DATE REC'D BY LOCAL REG. <b>SEP 4 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home</b> ADDRESS <b>2820 Stoddard St.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: Julius E. Culkin

Licensed Embalmer No. 498

P. O. Address Albany 13 N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.